| Fill       | in this inf                | ormation to identify you  | case:                               |                                    |   |                                    |  |  |  |  |
|------------|----------------------------|---|-------------------------------------|------------------------------------|---|------------------------------------|--|--|--|--|
| De         | btor 1                     | Samuel Dean Jo  | hnson                               |                                    |   |                                    |  |  |  |  |
|            | h4 0                       | First Name  | Middle Name                         | Last Name                          |   |                                    |  |  |  |  |
|            | btor 2<br>buse if, filing) | Lois M. Johnson   | Middle Name                         | Last Name                          |   |                                    |  |  |  |  |
| Un         | ited States                | Bankruptcy Court for the:   | SOUTHERN DISTRICT C                 | OF MISSISSIPPI                     |   |                                    |  |  |  |  |
| 0          | nou otatoo                 | Bannaptoy Court for the   |                                     | 71 14110010011 1                   |   |                                    |  |  |  |  |
|            | se number<br>nown)         | 25-00133-JAW  |                                     |                                    | пс  | heck if this is an                 |  |  |  |  |
| (          | ,                          |   |                                     |                                    | _   | mended filing                      |  |  |  |  |
|            |                            |   |                                     |                                    |   |                                    |  |  |  |  |
| Of         | ficial F                   | Form 107  |                                     |                                    |   |                                    |  |  |  |  |
|            |                            |   | Affairs for Individ                 | luals Filing for B                 | ankruntcy   | 04/22                              |  |  |  |  |
|            |                            |   |                                     |                                    | . ,   |                                    |  |  |  |  |
| info       | rmation.                   | If more space is needed,  | attach a separate sheet to          |                                    | equally responsible for supp<br>additional pages, write you |                                    |  |  |  |  |
| nun        | nber (if kn                | own). Answer every que  | stion.                              |                                    |   |                                    |  |  |  |  |
| Pa         | rt 1: Giv                  | e Details About Your Ma   | rital Status and Where You          | Lived Before                       |   |                                    |  |  |  |  |
| 1.         | What is y                  | our current marital statu   | s?                                  |                                    |   |                                    |  |  |  |  |
|            | <b>—</b> N.                | d   |                                     |                                    |   |                                    |  |  |  |  |
|            | ■ Marr                     | ned<br>married  |                                     |                                    |   |                                    |  |  |  |  |
| _          |                            |   | Providence of the sufficient        |                                    |   |                                    |  |  |  |  |
| 2.         | During th                  | ne last 3 years, have you   | lived anywhere other than           | where you live now?                |   |                                    |  |  |  |  |
|            | ■ No                       | ■ No  |                                     |                                    |   |                                    |  |  |  |  |
|            | ☐ Yes.                     | ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                                     |                                    |   |                                    |  |  |  |  |
|            | Debtor 1                   | l:  | Dates Debtor 1                      | Debtor 2 Prior Ad                  | dress:  | Dates Debtor 2                     |  |  |  |  |
|            |                            |   | lived there                         |                                    |   | lived there                        |  |  |  |  |
| 3.<br>stat |                            |   |                                     |                                    | ity property state or territory co, Texas, Washington and W |                                    |  |  |  |  |
| Siai       | os ana tem                 | nones include Anzona, oa  | mornia, idano, Lodisiana, ivo       | vada, ivew iviexico, i deito ivi   | co, rexas, washington and w                                 | 1300113111.)                       |  |  |  |  |
|            | ■ No                       |   |                                     |                                    |   |                                    |  |  |  |  |
|            | ☐ Yes.                     | Make sure you fill out <i>Sch</i>   | nedule H: Your Codebtors (Of        | fficial Form 106H).                |   |                                    |  |  |  |  |
| Pa         | rt 2 Ex                    | plain the Sources of You  | r Income                            |                                    |   |                                    |  |  |  |  |
|            | Did                        |   |                                     |                                    |   | dan                                |  |  |  |  |
| 4.         | Fill in the                | total amount of income yo   | u received from all jobs and a      | all businesses, including part-    |   | dar years?                         |  |  |  |  |
|            | If you are                 | filing a joint case and you   | have income that you receive        | e together, list it only once ur   | der Debtor 1.   |                                    |  |  |  |  |
|            | □ No                       |   |                                     |                                    |   |                                    |  |  |  |  |
|            | Yes.                       | Fill in the details.  |                                     |                                    |   |                                    |  |  |  |  |
|            |                            |   | Debtor 1                            |                                    | Debtor 2  |                                    |  |  |  |  |
|            |                            |   | Sources of income                   | Gross income                       | Sources of income   | Gross income                       |  |  |  |  |
|            |                            |   | Check all that apply.               | (before deductions and exclusions) | Check all that apply.                                       | (before deductions and exclusions) |  |  |  |  |
| F          | m lanus                    | v 1 of current veer   | □ W                                 | ,                                  | _   | ,                                  |  |  |  |  |
|            |                            | y 1 of current year until filed for bankruptcy:   | ☐ Wages, commissions, bonuses, tips | \$5,002.18                         | Wages, commissions,<br>bonuses, tips                        | \$893.00                           |  |  |  |  |
|            |                            |   | Operating a business                |                                    | ☐ Operating a business                                      |                                    |  |  |  |  |

| Debtor 1 Samuel Dean Johnson Lois M. Johnson Ca |                |                 |   | e number (if known) 25-00133-JAW   |  |  |   |  |                                       |   |
|---|----------------|-----------------|---|--|--|--|---|--|---------------------------------------|---|
|   |                |                 |   |  | Debtor 1   |  |   | Debtor 2   |                                       |   |
|   |                |                 |   |  | Sources of income<br>Check all that apply.   |  | s income<br>re deductions and<br>sions)   | Sources of inc<br>Check all that a                                 |                                       | Gross income<br>(before deductions<br>and exclusions) |
|   |                |                 | dar year:<br>December                                   | 31, 2024 )   | ☐ Wages, commissions, bonuses, tips  |  | \$154,042.97  | ■ Wages, combonuses, tips  | missions,                             | \$11,040.00   |
|   |                |                 |   |  | Operating a business   |  |   | ☐ Operating a  | business                              |   |
| Fo<br>(Ja                                       | r the<br>anuar | calen<br>y 1 to | dar year be<br>December                                 | efore that:<br>31, 2023 )  | ☐ Wages, commissions, bonuses, tips  |  | \$398,157.34  | ■ Wages, com bonuses, tips   | missions,                             | \$0.00  |
|   |                |                 |   |  | Operating a business   |  |   | ☐ Operating a  | business                              |   |
|   |                | each s          | •   | the gross inco   | e and you have income that yome from each source separa  | •  |   | •  |                                       |   |
|   |                |                 |   |  | Debtor 1   |  |   | Debtor 2   |                                       |   |
|   |                |                 |   |  | Sources of income<br>Describe below.   | each   | s income from<br>source<br>e deductions and<br>sions)   | Sources of inc<br>Describe below                                   |                                       | Gross income<br>(before deductions<br>and exclusions) |
| Pa  | rt 3:          | List            | : Certain Pa  | ayments You  | Made Before You Filed for  | Bankrup  | tcy   |  |                                       |   |
| 6.  | _              | No.             | Neither D individual  During the ■ No. □ Yes  * Subject | ebtor 1 nor D<br>primarily for a<br>e 90 days befor<br>Go to line 7<br>List below e<br>paid that cri<br>not include<br>to adjustment | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the<br>on 4/01/25 and every 3 year | umer det<br>old purpos<br>id you pa<br>id a total<br>nts for do<br>his bankr<br>s after th | ots. Consumer debt<br>ise."<br>y any creditor a tota<br>of \$7,575* or more<br>mestic support obliq<br>uptcy case.<br>at for cases filed on | al of \$7,575* or moi<br>in one or more pay<br>gations, such as ch | re?<br>/ments and t<br>illd support a | he total amount you<br>and alimony. Also, do          |
|   |                | Yes.            | During the  | 90 days befo   | r both have primarily consure you filed for bankruptcy, di   |  |   | al of \$600 or more?   | ı                                     |   |
|   |                |                 | □ No. □ Yes   | include pay  | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.   |  |   |  |                                       |   |
|   | Cre            | editor'         | s Name an   | d Address  | Dates of payme   | ent  | Total amount  | Amount you   | Was this p                            | payment for   |

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|     | otor 1<br>otor 2 | Samuel Dean Johnson<br>Lois M. Johnson   |  | Cas   | se number (if known)                        | 25-00133-J                         | <b>AW</b>                                       |
|-----|------------------|--|--|---|---|------------------------------------|---|
| 7.  | Inside<br>of whi | n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | rtners; relatives of any gene<br>control, or owner of 20% or | eral partners; partners<br>more of their voting | erships of which yo<br>g securities; and ar | u are a general<br>ny managing ago | partner; corporations<br>ent, including one for |
|     |                  | No   |  |   |   |                                    |   |
|     |                  | Yes. List all payments to an insider.  |  |   |   |                                    |   |
|     | Insid            | der's Name and Address   | Dates of payment   | Total amount paid                               | Amount you still owe                        | Reason for th                      | nis payment                                     |
| 8.  | insid            | n 1 year before you filed for bankruptoer?<br>de payments on debts guaranteed or cos   |  | ments or transfer a                             | any property on a                           | ccount of a deb                    | ot that benefited an                            |
|     |                  | No   |  |   |   |                                    |   |
|     |                  | Yes. List all payments to an insider   |  |   |   |                                    |   |
|     | Insid            | der's Name and Address   | Dates of payment   | Total amount paid                               | Amount you still owe                        | Reason for the Include creditor    |   |
| Par | t 4:             | Identify Legal Actions, Repossession   | s. and Foreclosures  |   |   |                                    |   |
|     | modif            | Il such matters, including personal injury fications, and contract disputes.  No Yes. Fill in the details.  e title e number   | Nature of the case   | Court or agency                                 | n suits, paternity a                        | Status of the                      | ·   |
| 10. | Chec             | in 1 year before you filed for bankruptok all that apply and fill in the details below   |  | rty repossessed, f                              | oreclosed, garnis                           | hed, attached,                     | seized, or levied?                              |
|     |                  | Yes. Fill in the information below.  | Describe the Branerty  |   | Date  |                                    | Value of the                                    |
|     | Crec             | illor Name and Address   | Describe the Property  Explain what happened                 |   | Date  |                                    | property  |
| 11. | accor            | in 90 days before you filed for bankrup<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details.  | otcy, did any creditor, incl                                 |   | nancial institution                         | ı, set off any an                  | nounts from your                                |
|     |                  | ditor Name and Address   | Describe the action the                                      | creditor took                                   | Date<br>taken                               | action was                         | Amount  |
| 12. |                  | n 1 year before you filed for bankrupto<br>-appointed receiver, a custodian, or a  |  | rty in the possess                              |   |                                    | t of creditors, a                               |
|     |                  | No   |  |   |   |                                    |   |
|     | □ `              | Yes  |  |   |   |                                    |   |
| Par | t 5:             | List Certain Gifts and Contributions   |  |   |   |                                    |   |
| 13. |                  | n 2 years before you filed for bankrup   | tcy, did you give any gifts                                  | with a total value                              | of more than \$60                           | 0 per person?                      |   |
|     | Gifts            | Yes. Fill in the details for each gift. s with a total value of more than \$600 person   | Describe the gifts   |   | Dates<br>the g                              | s you gave                         | Value   |
|     | Pers             | on to Whom You Gave the Gift and ress:   |  |   |   |                                    |   |

| Debtor 1<br>Debtor 2 | Samuel Dean Johnson<br>Lois M. Johnson  | Ca         | Case number (if known) 25-00133-JAW   |                      |  |                           |
|----------------------|---|------------|---|----------------------|--|---------------------------|
|                      | s with a total value of more than \$6<br>person   | 600        | Describe the gifts  | Date:<br>the g       | s you gave<br>ifts                           | Value                     |
|                      | son to Whom You Gave the Gift and   | d          |   |                      |  |                           |
| Log                  | gan Johnson   |            | Deer Rifle  | Janu                 | uary 2024                                    | \$800.00                  |
| Pers                 | son's relationship to you: <b>Son</b>   |            |   |                      |  |                           |
|                      | in 2 years before you filed for bank<br>No  | kruptcy, d | lid you give any gifts or contributions   | s with a total value | of more than                                 | \$600 to any charity?     |
|                      | Yes. Fill in the details for each gift or   | contributi | on.   |                      |  |                           |
| mor<br>Cha           | s or contributions to charities that<br>re than \$600<br>rity's Name<br>Iress (Number, Street, City, State and ZIP Co   |            | Describe what you contributed   |                      | s you<br>ributed                             | Value                     |
| Vib                  | rant Church   |            | Tithe   | 2023                 | 3-2025                                       | \$1,028.55                |
| □<br>Des             | No Yes. Fill in the details. cribe the property you lost and the loss occurred  | Include    | be any insurance coverage for the lose the amount that insurance has paid. List the ce claims on line 33 of Schedule A/B: F | st pending loss      | of your                                      | Value of property<br>lost |
| Part 7:              | List Certain Payments or Transfe  |            |   |                      |  |                           |
| cons                 | sulted about seeking bankruptcy or  | r preparir | d you or anyone else acting on your lag a bankruptcy petition? s, or credit counseling agencies for serv                    |                      |  | rty to anyone you         |
|                      | No  |            |   |                      |  |                           |
| -<br>D               | Yes. Fill in the details.   |            | B   | .t. D.t.             |  | <b>A</b>                  |
| Add<br>Ema           | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Law Offices of Craig M. Geno, PLLC 601 Renaissance Way Suite A Ridgeland, MS 39157 |            | Description and value of any property transferred  Attorney Fees  |                      | Date payment or transfer was made  9/24/2024 | Amount of payment         |
| 601<br>Sui           |   |            |   |                      |  | \$3,000.00                |
| 601<br>Sui           | v Offices of Craig M. Geno, PLL<br>Renaissance Way<br>te A<br>geland, MS 39157  | LC         | Attorney Fees   | 1/16                 | /2025  | \$12,000.00               |

| Deb  | tor 2 Lois M. Johnson  |   | Case                             | number (if known) 25-00133   | 3-JAW   |
|------|--|---|----------------------------------|--|---|
|      | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you   | rs or to make payments                                |                                  | nalf pay or transfer any prop  | erty to anyone who                            |
|      | ■ No □ Yes. Fill in the details.   |   |                                  |  |   |
|      | Person Who Was Paid<br>Address   | Description and variansferred                         | alue of any property             | Date payment<br>or transfer was<br>made                                    | Amount of payment                             |
|      | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already No  Yes. Fill in the details. | usiness or financial affa<br>ide as security (such as | airs?<br>the granting of a secur |  |   |
|      | Person Who Received Transfer<br>Address  | Description and v                                     | red p                            | Describe any property or ayments received or debts aid in exchange         | Date transfer was made                        |
|      | Person's relationship to you Jared Saul 7397 Elon Road Macon, MS 39341   | 2 Aerators  | 4                                | 8,600 - \$8,000 received<br>/5/2024; \$600 received<br>/30/2024            | 4/5/2024,<br>8/30/2024                        |
|      | Jayden Swarey<br>999 Tarlton Road<br>Crawford, MS 39743  | 2 Aerators, Har                                       | vest Buoy \$                     | 6,500  | 6/25/2024                                     |
|      | Brooke Fountleroy<br>81385 Bright Penny Road<br>Bush, LA 70431   | 2018 Ford Expe  | dition \$                        | 20,000   | 7/22/2024                                     |
|      | River Bend Ford, Inc.<br>1709 E Shotwell Street<br>Bainbridge, GA 39819  | 2019 Ford F-150                                       | to<br>\$                         | 25,500 - \$9,739.54 paid<br>o Ford Credit;<br>15,760.54 paid to<br>Debtors | 12/2/2024                                     |
|      | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prof  |   | y property to a self-s           | ettled trust or similar devic  | e of which you are a                          |
|      | Yes. Fill in the details.  Name of trust   | Description and v                                     | alue of the property             | transferred  | Date Transfer was                             |
| Pari | t 8: List of Certain Financial Accounts, Ins   | trumente Safe Denosi                                  | t Royes and Storage              | Unite  | made  |
| 20.  | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No  Yes. Fill in the details.                              | , were any financial acrou                            | counts or instrumen              | ts held in your name, or for   | •   |
|      | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                       | Type of account or instrument    | Date account was<br>closed, sold,<br>moved, or<br>transferred              | Last balance<br>before closing or<br>transfer |

Debtor 1 Samuel Dean Johnson

|     | btor 2 Lois M. Johnson   |  |  | Case nun      | nber (if known) <b>25-001</b> :                               | 33-JAW  |
|-----|--|--|--|---------------|---|---|
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                  | Type of accinstrument                              |               | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
|     | BankFirst Financial Services<br>3055 Jefferson Street<br>Macon, MS 39341   | XXXX-4601  | ■ Checking □ Savings □ Money M □ Brokerag □ Other  | ∕larket<br>ge | 2/28/2024   | \$50.00                                       |
|     | BankFirst Financial Se<br>3055 Jefferson Street<br>Macon, MS 39341   | XXXX-7263  | ☐ Checking ■ Savings ☐ Money M ☐ Brokerag ☐ Other_ | //arket<br>ge | 10/10/2024  | \$452.00                                      |
| 21. | cash, or other valuables?  No  | year before you filed                            | for bankruptcy,                                    | , any safe de | posit box or other de   | pository for securities,                      |
|     | Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                            | Who else had a Address (Numbe State and ZIP Code | er, Street, City,                                  | Describe      | the contents  | Do you still have it?                         |
| 22. | ■ No □ Yes. Fill in the details. Name of Storage Facility  | Who else has o                                   |  |               | re you filed for bankru                                       | Do you still                                  |
|     | Address (Number, Street, City, State and ZIP Code)   | to it? Address (Number State and ZIP Code)       |  |               |   | have it?                                      |
| Pa  | rt 9: Identify Property You Hold or Contro   | ol for Someone Else                              |  |               |   |   |
| 23. | Do you hold or control any property that s for someone.  No Yes. Fill in the details.  | omeone else owns? Ir                             | nclude any prop                                    | erty you bor  | rowed from, are stori   | ng for, or hold in trust                      |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the p<br>(Number, Street, Cit<br>Code)  |  | Describe      | the property  | Value   |
| Pa  | rt 10: Give Details About Environmental In   | formation  |  |               |   |   |
| For | the purpose of Part 10, the following defini   | tions apply:                                     |  |               |   |   |
|     | Environmental law means any federal, stat<br>toxic substances, wastes, or material into<br>regulations controlling the cleanup of thes | the air, land, soil, surf                        | ace water, grou                                    |               |   |   |
|     | Site means any location, facility, or proper to own, operate, or utilize it, including disp  | •  | ny environment                                     | al law, wheth | ner you now own, ope  | rate, or utilize it or used                   |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | otor 1 Samuel Dean Johnson Lois M. Johnson  |   | Case number (if known)                          | 25-00133-JAW                                       |
|-----|---|---|---|--|
| 24. | Has any governmental unit notified you tha  | t you may be liable or potentially liab   | le under or in violation o                      | of an environmental law?                           |
|     | ■ No □ Yes. Fill in the details.  |   |   |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State<br>ZIP Code)  | Environmental law                               | w, if you Date of notice                           |
| 25. | Have you notified any governmental unit of  | any release of hazardous material?  |   |  |
|     | ■ No □ Yes. Fill in the details.  |   |   |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State<br>ZIP Code)  | Environmental law                               | w, if you Date of notice                           |
| 26. | Have you been a party in any judicial or add  | ministrative proceeding under any en  | vironmental law? Includ                         | le settlements and orders.                         |
|     | ■ No □ Yes. Fill in the details.  |   |   |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                              | Status of the case                                 |
| Par | t 11: Give Details About Your Business or   | ,   |   |  |
| 27. | Within 4 years before you filed for bankrup  ■ A sole proprietor or self-employed in a member of a limited liability comp  □ A partner in a partnership □ An officer, director, or managing explored in a member of at least 5% of the voting in the self-employed i | in a trade, profession, or other activity cany (LLC) or limited liability partners decutive of a corporation ag or equity securities of a corporation Part 12. I in the details below for each busine | ry, either full-time or part<br>ship (LLP)<br>n | •  |
|     | Business Name Address (Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper   | Do not include S                                | fication number<br>Social Security number or ITIN. |
|     | C. S. I. Compieses  | Electrical Services   | Dates business<br>EIN: 20-26                    | existed<br>654701                                  |
|     | S & L Services<br>2330 Magnolia Drive<br>Macon, MS 39341  | Lois M. Johnson   |   | - Present  |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address  | tcy, did you give a financial statemen  | nt to anyone about your l                       | business? Include all financial                    |
|     | (Number, Street, City, State and ZIP Code)  Watkins, Ward & Stafford, PLLC One Professional Plaza P.O. Box 1345  Starkville, MS 39760   | 11/15/2023  |   |  |
|     | Pat Davidson<br>Vibrant Church  | 11/27/2023  |   |  |

| Debtor 1 Samuel Dean Johnson Lois M. Johnson  |  | Case number (if known)      | 25-00133-JAW        |  |
|---|--|-----------------------------|---------------------|--|
| Name Address (Number, Street, City, State and ZIP Code)   | Date Issued  |                             |                     |  |
| Jeffrey Unruh   | 11/27/2023   |                             |                     |  |
| Part 12: Sign Below   |  |                             |                     |  |
| have read the answers on this Statement of are true and correct. I understand that making with a bankruptcy case can result in fines up 18 U.S.C. §§ 152, 1341, 1519, and 3571. | ng a false statement, concealing property<br>o to \$250,000, or imprisonment for up to 2 | , or obtaining money or     |                     |  |
| /s/ Samuel Dean Johnson Samuel Dean Johnson   | /s/ Lois M. Johnson<br>Lois M. Johnson   |                             |                     |  |
| Signature of Debtor 1   | Signature of Debtor 2  |                             |                     |  |
| Date February 3, 2025   | Date February 3, 2025  | 5                           |                     |  |
| Did you attach additional pages to <i>Your State</i> ■ No □ Yes   | ement of Financial Affairs for Individuals   | Filing for Bankruptcy (     | Official Form 107)? |  |
| Did you pay or agree to pay someone who is<br>■ No  | s not an attorney to help you fill out bankı   | ruptcy forms?               |                     |  |
| $\beth$ Yes. Name of Person Attach the <i>Ba</i>  | nkruptcy Petition Preparer's Notice, Declara   | tion, and Signature (Offici | ial Form 119).      |  |